

Provide community crisis intervention/integration into community mental health services.

Agency/Program #: 69010-33-I1
 Division: Addictive & Mental Disorders
 Program: Community Mental Health Svcs

Agency Name:	Department of Public Health and Human Services	
Agency Contact:	Joyce DeCunzo	444-3969
LFC Contact:	Senator Cobb; Senator Williams	
LFD Liaison:	Lois Steinbeck	444-5391
OBPP Liaison:	Pat Sullivan	444-1207

Program or Project Description:

Provide community crisis intervention and integration into community services as an alternative to inpatient or state hospital treatment by:

Appropriation, Expenditure and Source				
Fund Name:	2008		2009	
	Approp.	Expended	Approp.	Expended
General Fund	2,032,770	124,328	2,032,770	
State Special				
Federal Funds				
Total:	\$2,032,770	\$124,328	\$2,032,770	\$0

Approp & Expenditure numbers are as of April 15, 2008

Goal(s):

Provide community crisis intervention and integration into community services as an alternative to inpatient or state hospital treatment.

Performance Measures :

- 1) Development of 72-hour presumptive eligibility and payment for crisis stabilization services in community hospitals and community settings.
- 2) Establishment of baseline data in the following areas for second half of FY 08:
 - a. Number of individuals receiving crisis stabilization services with presumptive eligibility
 - b. Average cost of presumptive eligibility episode
 - c. Number of individuals who require additional crisis stabilization services within 30, 90, 180 days.

2009 Biennium Significant Milestones:		Completion Dates	
		Target	Actual
1	Determine appropriate locations for phase 1 community crisis stabilization services	1/1/2008	2/1/2008
	Begin community service delivery in phase 1 sites	1/1/2008	3/1/2008
2	Admin rules	1/1/2008	3/1/2008
3	Develop RFI for psychiatric consultation via televideo connections	11/1/2007	12/3/2007
4	Establish agreement with physicians at Montana State Hospital to provide telepsychiatry consultation based at MSH. Install technology.	7/1/2008	
5			

Performance Report:

AMDD contracted for staff to assist in the development and implementation of the Community Crisis Stabilization and Presumptive Eligibility Program in September, 2007. The contractors, working with AMDD staff, developed the customer service request (CSR) for claims payment for the new program, met with stakeholders across the state, assisted in the development of administrative rules for the program, developed provider manual, trained providers. Administrative rules were proposed and open to public comment. Because no comment was received, rules became effective on March 1, 2008. Program was implemented in seven pilot sites for initial implementation of Crisis Stabilization and Presumptive eligibility (Helena, Butte, Bozeman, Missoula, Hamilton, Billings, and Miles City) on March 1, 2008. These locations will test program operations and provide AMDD with an opportunity to make adjustments in procedures. Claims are now able to be reimbursed. AMDD will review data and adjust program based on 90 days of operation.

Telepsychiatry RFI was issued in December and no response was received. AMDD will develop program based at Montana State Hospital using psychiatrists with experience working with adults in crisis. ITSD (Department of Administration) is evaluating the installation of wireless technology in physician residences on hospital grounds to facilitate 24 hour availability of consultation.

LFD Narrative:

LFD ASSESSMENT - Warning

DATA RELEVANCE - The data received is relevant to the outcome measures.

APPROPRIATION STATUS - Appropriation/expenditure data was provided.

OPTIONS - The workgroup could review the initiative again at the October meeting. The workgroup may wish to know what AMDD learned or is learning from the 90 day review and what changes were made or might be made based on the review.

The workgroup may wish to ask for additional information related to this initiative at the June meeting. For instance, have the new psychiatrist positions at the state hospital been filled? Has AMDD contracted for any portion of the telepsychiatry services? What are average pers person costs? How many of the persons who enter crisis stabilization services are subsequently admitted to the state hospital?

This initiative received a warning status because implementation has been delayed compared to the timelines submitted in the executive budget. The legislature approved the executive request to fully fund the initiative based on a July 1, 2007 start date.



Version	Date	Author
6901-33-I1 BO - 1	12/05/07	Steinbeck
6901-33-I2 BW - 2	5/20/08	Steinbeck

Change Description
Input LFD Narrative
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